



# North Tyneside Council Fostering Handbook

## Caring for Children Section 4

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# What Decisions Can I Make?

## Introduction

Delegated authority is the term used when responsibility for making day to day decisions about a child/young person in your care is passed to you. The paperwork for this is completed at a placement planning meeting, wherever possible, to ensure that everyone is clear regarding decisions you are able to make as a Foster Carer. This paperwork is updated if there is any change of circumstances for the child or young person and it is the responsibility of the child's Social Worker to complete this paperwork. The child's parents will be included in all discussions regarding delegated responsibilities as they share parental responsibility with the Local Authority or maintain this in full. This depends upon the legal status of the child who is placed in your care.

When a child is in your care under Section 20 of the Children Act 1989, this allows a Local Authority to place a child in care with the consent of parents, without a court order being obtained. Parents retain full parental responsibility under these arrangements.

Under an Interim or Full Care Order the Local Authority has legal responsibility for the children. Parents also retain parental responsibility and should be consulted on all decisions around their child's care. However, the Local Authority can make decisions if necessary, in the interests of the child's welfare.

The views of any young person should also be considered. In some cases, a child will be of sufficient age and understanding that they have capacity to make decisions for themselves and therefore should be part of the decision-making process. Decisions a young person can make for themselves will be decided by their Social Worker and will often be discussed within Care Team Meetings and Child In Care Reviews.

For the day to day decisions that you can make, these should be made in the same manner as any good parent would, ensuring at all times that these are safe and appropriate. It is important that you continue to keep your daily recording up to date and accurate, so any decisions made are clearly evidenced within this.

Clear arrangements for the delegation of authority to Foster Carers helps in the following ways:

- Normalises the child/young person's experience of being in foster care;
- Reduces delays in decisions being made for the child/ young person;
- Reduces the emotional stress delays can cause to the child/young person;
- Reduces the stress for you and your family;
- Acknowledges you as a professional and part of a team working with the child;

- Acknowledges the relationship you have with the children or young person in supporting safe decision making both for them and alongside them.

If a decision is needed outside of the delegated responsibility, for example, in the case of an emergency when medical treatment is required, it is important that you liaise closely with the child's Social Worker. They will support with the decisions to be made and if this is outside of working hours the Out of Hours Service can support as needed.

Once a young person reaches the age of 16 there will be age appropriate decisions that they can make for themselves. This includes consenting to medical treatment, including visits to the GP on their own. Some young people who are below the age of 16 will also be able to make some decisions for themselves, depending on their age and if they are considered to have enough capacity to make that particular decision. The young person's capacity will be determined by the relevant medical professional, for example when seeking medical advice or treatment around sexual health.

During the course of a child or young person being in your care, there will be regular Care Team Meetings and Child In Care Reviews, where any changes or updates to delegated authority will be discussed and regularly reviewed. These will be reflected in the child's care plan moving forward.

# Health

You should be provided with a child's basic medical history when they initially move in with you. If a child comes to live with you in an emergency situation, and the children are not already known to professional's then further relevant information will be given to you as soon as possible. For a complete overall picture of a child's health needs, information is gathered from parents, health professionals and from the undertaking of an Initial Health Assessment.

An Initial Health assessment should be arranged prior to the child's first Child in Care Review wherever possible. This assessment is completed by the Designated Paediatrician for Children in Care, and you will be invited to attend with the child. Parents, where appropriate, will also attend this assessment so full medical information can be gathered about the child's history.

Health Assessment's are reviewed periodically throughout the child's time in foster care, depending on their age. –

Following the Initial Health Assessment, children under five years will be reviewed every 6 months. For children over 5 years the review assessment will take place at least annually.

Once completed the Health Assessment is shared with you, the HiVE Team, (who are responsible for overseeing children's health and education), child's Social Worker, child's Independent Reviewing Officer, parents and other relevant medical professionals.

It is vital that as a Foster Carer, you support and promote the health and wellbeing any child that you are caring for. This should be imbedded into your everyday care of the child and included in that is the responsibility for routine medical and dental appointments. Any medical appointments for the child should be clearly recorded within your day to day records and you will also be expected to provide these dates and relevant details within Care Team meetings and Child in Care Reviews.

Promoting a child's overall wellbeing includes supporting them in accessing leisure and social activities that they are interested in.

At the placement planning meeting when a child first comes to live with you, it will be discussed whether a child needs to be registered at a GP surgery local to your address or whether they can remain with their current registered GP. It will also be agreed at this meeting which appointments parents will be attending with you and the child. The child will also need to be registered with a Dentist and Optician, and it is your responsibility to ensure that these appointments are in place and that regular review appointments are attended.

Should children come into your care with medication you must ensure that this is given to you in the appropriately labelled packaging, named for the child. You should clearly record what medication was given to you, the dosage and when this should be given on the [medication hand over form](#). It is important that should you have any

questions about a child's medication that you speak to the child's Social Worker and GP as soon as possible. Every time you give a child medication, even if this has been purchased from a chemist, i.e. liquid paracetamol, you must record the detail of this on your [health record](#). All medicines should be stored securely out of the reach of children.

As a Foster Carer it is your responsibility to promote the child/ young person's health and wellbeing appropriate to their age and stage of development. As such, as children get older so should their ability to make informed decisions about their health choices, or to have their views taken into account when others are making decisions on their behalf. This includes age appropriate conversations regarding how young people keep themselves safe, and make safe choices in relation to sexual health, substance and alcohol use, etc.

Should any child in your care have an accident which requires medical treatment you must inform your Supervising Social Worker alongside the child's Social Worker at the earliest opportunity. They will support you in ensuring parents are informed and can attend if appropriate. The details surrounding the accident will need to be clearly recorded in your Foster Care's daily recording. You must also complete the Notification form for [Accident, Emergency and First Aid Treatment](#) and send this to your Supervising Social Worker at the earliest opportunity.

The Fostering Service organises First Aid training for all Foster Carers which must be completed within your first year of fostering and then three yearly thereafter. The Service will continue to liaise with other health professionals to ensure you have been provided with any other relevant medical training required relevant to the children in your care.

Should the child you are caring for have any specific health needs, you will be required to attend additional appointments and involved professionals may visit your home. These will be in addition to the universal health appointments and professional's which will already be in place such as Health Visitors and Public Health Nurses. It is important that you become familiar with the relevant health professional's who are allocated to the children you are caring for as they will be your first point of contact should you need any health help, support or advise, for example weaning, bedwetting, night terrors etc.



**North Tyneside Council  
Health, Education, Care & Safeguarding Directorate  
Fostering Service  
Health Record Front Sheet**

<b>Name of Child/Young Person</b>		<b>DOB.</b>
<b>Who has Parental Responsibility</b>		
<b>Blood Group</b>		
<b>Name &amp; Address of GP</b>		
<b>Telephone No.</b>		
<b>Name &amp; Address of Dentist</b>		
<b>Telephone No.</b>		
<b>Name &amp; Address of Optician</b>		
<b>Telephone No.</b>		
<b>Name &amp; Address of P.H.N/H.V.</b>		
<b>Telephone No.</b>		
<b>Name &amp; Address of School</b>		
<b>Telephone No.</b>		
<b>Pre-existing Medical Conditions</b>		
<b>Medication</b>	<b>Date Started</b>	<b>Date Stopped</b>
<b>Allergies</b>		

**Health Record Sheet (cont.)**

Date	Circumstances of Injury/Illness	Treatment	Date/Time of Treatment	By Whom	Further Treatment	Investigations Required

**Health Record Sheet (cont.)**

Date	Circumstances of Injury/Illness	Treatment	Date/Time of Treatment	By Whom	Further Treatment	Investigations Required



## Medication Hand Over

**THIS FORM SHOULD BE COMPLETED WHEN MEDICATION IS HANDED TO YOU FROM A PARENT, SOCIAL WORKER OR OTHER FOSTER CARER**

Name of Medication and name of child	Strength & Form (e.g. tabs, inhaler, liquid, cream etc.)	Amount handed over	Dose to be given	Route to be given (eg oral, topical, inhaled etc.)	When to be given
<p style="text-align: center;"><b>Example</b> Sodium Valporate(Epilim)  (name of Child)</p>	<p style="text-align: center;">200mg Tablet</p>	<p style="text-align: center;">26 tablets</p>	<p style="text-align: center;">300mg (1 1/2 tablets)</p>	<p style="text-align: center;">By mouth</p>	<p style="text-align: center;">Twice daily (morning &amp; evening)</p>

**Signed:** .....(Signature)

.....(Print name)

.....(Date)

**Received by:** .....(Signature)

.....(Print name)

.....(Date)

# School and Education

## 1. Introduction

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It is important for all children that we achieve stability within their education to promote their learning potential. Given this all children will remain in their school of origin, wherever possible, and any decision regarding a change of school would be in exceptional circumstances with the agreement of the child's Social Worker, parents, alongside The Designated Virtual Head Teacher for Children in Care.

A child's educational needs will be discussed with you by the Placement Duty Worker to ensure that you are able to meet these, including the transportation to and from school. Once the child comes to live with you these arrangements can not be changed unless under exceptional circumstances and or a child becomes of an age where they can travel to school independently.

Some Children who come into care may have experienced disrupted education due to their earlier life experiences. This in turn will impact on how available they are in school to learn, when they are in school. It will also impact upon their peer relationships and their own feelings of self worth. It is therefore vital that as their Foster Carer you liaise very closely with the child's school to make sure that all available help and support is made available to them. This will also include issues such as attendance, support with homework, and any social and emotional issues that may arise.

As a Foster Carer, promoting a child's education begins at home with you and no matter what age of child you care for, all children should be supported to learn and develop to their full potential. For babies and younger children this begins by offering a home environment which promotes early learning and development. This should continue outside of the home with social opportunities both in formal and informal settings, such as trips to the park, attending stay and play, etc. For older children this includes ensuring that they attend nursery/ school or college ready to learn, with all the necessary uniform and equipment that they may require. At home a Foster Carers role is to support a child in completing any homework tasks and preparing for any extra circular activities. Everyday interactions with the child should also offer opportunities for you to sensitively enquire about how the child is feeling and any issues or concerns they may have in relation to school, peers and relationships. It will also offer opportunities to celebrate their successes.

Liaising with school on a regular basis is part of your role as the child's primary carer and this includes attending any formal or informal meetings. These could be parents' evenings, information events, class events etc which may also be attended by the child's parents.

## 2. The Personal Education Plan (PEP)

Every child in your care will have their own Personal Education Plan as soon as they enter formal Educational Nursery. The Personal Education Plan is completed at a PEP meeting where you, professional's from the child's school, the child's Social Worker, parents and where appropriate the child or young person, gather information to ensure that the child in your care is reaching their potential in all areas of their social, emotional and educational attainment. Where there are any concerns, or it is identified that further support is needed, the appropriate interventions can then be put in place. This may include referrals to more specialist areas such as speech and language therapy, CAMHS and HiVe etc.

All PEP's are reviewed regularly with the first one occurring before the child in your care's first Child in Care Review and then reviewed at least every 6 months thereafter. The completed PEP is then shared with everyone at the meeting, the Designated Teacher for Children in Care alongside the child's Independent Reviewing Officer so this can be discussed at the Child in Care Reviews.

The Designated Teacher takes responsibility for monitoring and tracking how all children in care are doing academically and ensure that identified actions are put in place where further support is needed. The Designated Teacher will ensure that the school have the right support in place for children in care, they understand the challenges children in care face, and how best to help and support them so that they can reach their potential.

Children in Care are eligible for Pupil Premium Plus (PP+) funding. This is additional funding provided to help improve the attainment of Children in Care recognising the challenges that they may face due to their early life experiences. It is not a personal budget for individual children. The Designated Teacher has an important role in ensuring the specific needs of Children in Care are understood by school staff and reflected in how the school uses PP+ to appropriately support any children in care within their school setting.

The PP+ is a key component in ensuring resources are available to support the child's Personal Education Plan and the plan should clarify what the support is needed and how it will be delivered.

## 3. When a Child Needs or Joins a New School

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When children come to a natural school transition such as starting reception, moving from primary to high school, etc. Choosing and applying for a school place is usually the child's Social Worker's responsibility in conjunction with yourself, and the child's parents. It may be however, that as the child's primary carer you are asked to complete paperwork to secure a child's place at the new provision and the child's Social Worker will clearly communicate the expectations of you around this.

## 4. Avoidance of Disruption Whilst at School

As already highlighted stability for children within their education is extremely important and therefore it is important that a child remains at their school of origin unless there are expectational circumstances to why they have to change.

Should a decision be made via the court arena that a child is to remain in Local Authority care until they are 18 a decision around whether a change of school is in the child's best interests can then be had. The decision to move a child's school in these circumstances is based around many factors such as, where the child's current school is in relation to where they are living, the ability for the child to maintain friendships and peers, the child's school year and any additional needs a child may have, etc.

It is extremely important that a child does not move school during year 10 or 11 when they are completing their G.C.S.E work, therefore such school moves will only be agreed in exceptional circumstances.

To avoid a child or young person having any disruption within their education it will not be permitted for any Foster Carer to take a child out of school during term time to go on holiday. All holidays must be planned during the school holidays set by the child's school.

## 5. When a Child Moves to a New Local Authority or requires more specialist provision

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If the child is to live in an area of a different Local Authority and will need a new school, this should be looked at (unless it is an emergency situation) before they move.

The Education Officer, The Designated Teacher for Children in Care and, if needed, the SEND adviser, should be asked to support with the co ordination of sourcing a new school.

### **Pupils with Education Health and Care (EHC) Plans:**

The local education service where the child lives (unless in residential accommodation) is responsible for the provision of education to a pupil who has an Education, Health and Care Plan. The education service for the area to which the child is moving should therefore be requested to adopt the Plan. This needs to be planned as early as possible as it can cause long delays.

Sometimes children may be in a mainstream school when it is decided that a more specialist provision would better suit their needs, or this could happen the alternative way around. Should this occur for the child you are caring for, then as highlighted above the Designated Teacher for Children in Care will be involved in the planning of

any such moves to ensure that the new school identified is the most appropriate setting to meet the child's social and emotional behaviour alongside their educational needs.

## 6. When a Child Misses School

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You must notify the school and the child's Social Worker immediately if a child does not attend school for any reason.

The child's Social Worker should talk to the child, you, the school, and any other relevant person if school attendance is a concern to establish the reasons behind this, such as issues of bullying or the child being concerned about their educational attainment, etc.

A plan will then be devised by everyone involved to ensure that the child/ young person returns to school as soon as possible and that any issues which caused the non-attendance are addressed and resolved.

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# On-going family time between the child and their family

Research has highlighted that maintaining links between a child and their families increases the possibility of them returning to their family. Even where a return to the family home is not possible, maintaining contact with family members and friends enhances a child's sense of identity which supports their self-esteem and self-worth. Supporting children and young people in these areas is vital to their ongoing emotional health and development and can really support the attachments that children form with you and your family, ensuring a more stable arrangement for children in the longer term.

Arrangements for on-going family time with parents and friends will be set out in the child's individual Care Plan. This will detail where, when and how family time will take place including whether it will be supervised and by who. Family time may take place in your home or somewhere else depending on what might be best for all those involved.

The child's Social Worker will provide you with the necessary information including any assessment of risk for those involved. The needs, wishes and feelings of the child are also important when planning family time, and they should be gathered and, wherever possible, taken into account. This may involve using advocacy or other methods to enable children to share their views. Carers should seek to understand other ways children keep in touch with family and friends (this may include through mobile phones or social networking sites, apps and through the use of games consoles such as Xbox or Play Station). Where children use social media, they should be offered advice on how to stay safe online and be encouraged to let the Foster Carer know if they receive a message which are upsetting or inappropriate.

Family time arrangements should always be focused on, and shaped around, the child's needs. The child's welfare is the paramount consideration at all times. The Fostering Service through your Supervising Social Worker and training will give you practical advice and support to make sure family time is appropriate and safe. It is often in the child's best interests for their Foster Carers to supervise and or transport them to family time depending on the situation. The Fostering Service provide family time training to all carers to ensure you feel equipped to complete this task.

Family time is not just face to face and can be a phone call, letters, photographs or cards from holidays or special occasions.

It is important that children from a dual heritage background or who are not a cultural match but are in your care, maintain their links with their family, friends and community so that their cultural history is encouraged, developed and valued.

You should record the behaviour and reaction of the child before and after family time within your daily recording. This may identify patterns which can contribute to future decision making for the child ensuring that their needs are always met.

You should discuss family time in your supervision meeting with your Supervising Social Worker so that problems can be identified and hopefully resolved.

Family time can increase a child's sense of security when the people who are important to them are comfortable with each other. This can also help parents and other family members to feel less awkward. Good communication wherever possible is therefore key to building good working relationships between you and parents. This also supports children in knowing they can enjoy their family time and that everyone is working together to meet their needs.

The child may be allowed to visit their birth parents at home. These visits, which may include staying overnight, must be planned in advance, with the child's Social Worker and will always need to form part of the child's care plan.

Often the amount of family time arranged is agreed within the court process, so it therefore can not be changed, without good reason, until the matter returns to court. Therefore, no family time arrangements should be changed without consultation with the Child's Social Worker. It is typical for when children first come into Local Authority Care for family time arrangements to be a few times a week, in comparison to plans of permanence in foster carer who may have family time a few times a year. All children have different arrangements depending on their circumstances. Every child's Social Worker will keep you up to date with the plans and any changes that need to occur.

Sometimes the child may appear anxious and upset by a visit. This may be because the visits:

- Remind them of feelings of loss and separation;
- Remind them of feelings about past experiences;
- Highlight feelings of divided loyalties.

If you have any concerns at all you must speak to the child's Social Worker.

Family time can at times cause distress and upset for a child/young person and it is therefore recognised that it can be difficult for Foster Carers when children are distressed. You should consider with your Supervising Social Worker practical ways for you to manage this, i.e. take the child to the park after family time so they can run off some energy, or it may be that they need your 1-1 attention and time to talk. Every child will experience family time differently and you will need to adapt your approach accordingly.

It is important to remember that parents also find family time difficult and this will also be an emotional time for them.

- The family may feel guilty or angry that their child is in foster care;
- A child may have been brought into care in an emergency when the family was experiencing problems;

- Parents may feel angry that their children are living with you if this against their wishes and resent having to comply with plans they don't agree with;
- Parents can also worry that you will take their place in the child's life and may have heard in the media about Foster Carers wanting to adopt fostered children;
- Parents may be experiencing difficulties which impact on their motivation and reliability.

These reasons and feelings can lead to parents behaving in ways which appear inappropriate during family time. They may be very emotional, give the children unrealistic messages or making promises.

Understanding the parents experience can help to make sense of the situation for you, the child as well as the family.

Any restrictions on communication by the child with their parents should be agreed by the child's Social Worker and reviewed alongside the child's wishes and feelings.

If you feel that changes should be made to family time to protect the child, the child's Social Worker should be told immediately or within 24 hours. If the child returns from family time and you are concerned in any way about something that has been said or done, particularly if you think it has harmed the child in anyway, you must report this to the child's Social Worker, duty worker or Out of Hours immediately.

## **Working with birth parents**

Working with birth parents is an important part of fostering. A vital element of this is trust and confidentiality.

It is vital that the child in your care observes you working well with their birth parents and significant family members (wherever possible) this supports them in not feeling a sense of divided loyalty between you and their parents/ family.

Should it not be appropriate for you to see birth parents due to issues of risk, then a communication diary can be a good tool for you to write little observations and positive messages to parents about how their child is doing, so you can continue to include them in the day to day care of their children.

Sometimes it is appropriate for family time to occur in your home, subject to appropriate risk assessments, this is especially true when caring for babies and children under 5. Whilst this can be daunting for carers when they are first approved, this can really support Foster Carers build up good professional working relationships with parents.

All Foster Carers are offered training on supervising family time to support you in this role. All specific risk assessments are done with each individual child and child's Social Worker, so you know who and why you are supervising. All Foster Carers are expected to transport children to and from family time wherever possible.



## **Sibling Family Time**

Sometimes siblings have to live apart when they are within Local Authority Foster Care which can be for a variety of reasons. It is therefore, up to children's Foster Carers to work together to make time for siblings to see each other as specified by their Social Worker. Lots of siblings have no restrictions on family times therefore, as carers you will need to work together with the Sibling's care givers to ensure that this occurs in as natural environment as possible. This may include, coming to your home for tea, sleep overs, meeting at a park or soft play.

# Children with Disabilities

## 1. Introduction

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Caring for children with disabilities, and or complex needs can be extremely rewarding, and specialist support to the child and yourselves will be provided by the teams already involved with the child. It may be that your child only has support via the Children with Disabilities Team, or they may have a range of specialists and professional's involved such as the Hospital Social Worker Team or Occupational Therapists.

It is important that the child and your family receive the support that you need, and your Supervising Social Worker will support you in accessing this where necessary. The child's Social Worker will continue to coordinate the support and all professionals involved to ensure that everyone is working together to meet the child's needs.

Some children may have a diagnosis of a disability such as Autism or Down Syndrome etc. It is important to remember, however, that there is often a spectrum of implications of how that disability may affect a child and therefore it is important to not have any preconceived ideas about how a diagnosis affects the child in your care. It is therefore vital that you work with the care team around the child to help you understand how to care for each individual child and what their diagnoses, if they have one, means for them day to day.

## 2. Caring for a Child

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The support that children with disabilities may need includes:

- Help with physical disabilities like mobility issues;
- Help with Learning Difficulties and social disorders such as those on the Autistic Spectrum;
- Sensory impairments (e.g. partial sight).

The support that children with complex health needs may require includes:

- Special medication and dealing with things like epilepsy;
- Help with breathing, eating and other daily functions like using the toilet and bathing.

Your ability to care for children with disabilities on both a practical and emotional level, will be discussed with you both during the assessment process, within your supervisory visits and foster care reviews. Some carers decide to move into caring for children with disabilities after they have been fostering for a little while and become more confident. Some of the things you will need to consider will be:

- You may need special training from a suitably qualified medical professional. This could include giving special medication or treatment and understanding the child's needs;
- You should be provided with suitable equipment such as a hoist or a special car seat or wheelchair;
- Where there are risks around manual handling, risk assessments should be completed.

It should also be clarified as to what equipment the child may bring with them and what else they may need.

When considering caring for a child with a disability, you need to be given full information in order to be clear whether you can meet their needs. The Placement Planning meeting should detail all the support including medical needs the child has. Meetings with the child's health team can also usually take place before a child comes to live with you, provided this is not in an emergency, to ensure you are the right carer for the child and that you fully understand how to care for them.

All children who have disabilities should have or be in the process of having an Education and Health Care Plan. This plan will identify the support that they will need in order to reach their potential within nursery, school and college and will be reviewed regularly by the care team to ensure it continues to meet the child's needs.

### 3. Local Offer

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Local Authorities in England have a duty to develop and publish a Local Offer setting out the support they expect to be available for local children and young people aged 0-25 with Special Educational Needs (SEN) or disabilities, whether or not they have an Education, Health and Care Plan.

The Local Offer should be available via the Local Authority website.

The Local Offer must include information about:

- Special educational, health and social care provision for children and young people with SEN or disabilities – this should include online and blended learning;
- Arrangements for identifying and assessing children and young people's SEN – this should include arrangements for Education, Health and Care Needs Assessments;
- Education provision and post-16 education and training provision;
- Information about provision to assist in preparing young people for adulthood;
- Arrangements for travel to and from education institutions;
- Childcare, including suitable provision for disabled children and those with SEN;

- Support available to young people in higher education, particularly the Disabled Students Allowance (DSA) and the process and timescales for making an application for DSA;
- Arrangements for resolving disagreements and for mediation, and details about making complaints;

The Local Offer must include provision in the Local Authority's area, and also provision outside the local area that the Local Authority expects is likely to be used by children and young people with SEN for whom they are responsible and children and Young People with disabilities. This could be provision in a school or further education college in a neighbouring area or support services for children and young people with particular types of SEN that are provided jointly by local authorities.

For Information on the Local Offer in North Tyneside, please [click here](#)

# Promoting Positive Behaviour

## 1. Introduction

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Children learn how to behave by watching, listening and talking to the adults who care for them. Children develop their values from observing how the adults around them treat others.

Children need clear boundaries and consistent rules to help them feel safe and secure. In North Tyneside we encourage all carers to follow the therapeutic parenting approach. In your first year of fostering you will initially be trained in Solihull parenting which is a 12-week programme designed to help you consider parenting strategies of containment, reciprocity and communication for children who are within foster care.

Following this course, you will move on to the Therapeutic Parenting Module which is a high nurture intentionally parenting programme that fosters the feelings of safety and connectedness so that children in care who have suffered trauma can begin to heal and attach. Due to the early childhood experiences that children in care have experienced more traditional methods of parenting do not support their feelings and can result in children feeling a sense of loss and shame. You therefore are required to complete the recommended training programme to support your care for children in care in a way that supports their emotional development whilst allowing them to feel safe and secure.

## 2. Helping the Child/Young Person to Settle into Your Home

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When children first come to live with you, they won't know what the house rules are or what is expected of them. It's important that children within your care are not made to feel any differently to other children in your home and that they understand that in your home you have family rules which are for everyone. You may also have age specific rules around bedtimes or coming in times which would be the only differences in household rules.

Ongoing communication is really important and can be helpful as you start to get to know each other. Taking time to listen and understand the child's point of view and feelings, supports a positive and trusting relationship between you both.

## 3. Ways to Encourage Positive Behaviour

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Children thrive on praise, and by praising good behaviour it encourages the child/young person to display this behaviour more. Getting alongside a child on their level really supports them when they are feeling frustrated, angry or out of control and may be displaying behaviour which you want to discourage. Children in care, due to their early childhoods, may have big feelings which they do not understand or

know how to manage. Remaining calm and on their level really helps support the child in knowing that whilst they are feeling scared, frustrated or angry you will help them manage this emotion and continue to help and support them no matter what.

You should record any positives or challenges the child is facing in your daily recording which your Supervising Social Worker will read when they visit you. This helps keep a clear record of the child's time in your care and helps you and the professionals around you look for patterns or triggers to what may be distressing a child.

It is important that once a child is calm and more regulated that you together reflect on the situation that had occurred, so that where necessary a child can learn how they can manage their emotions and behaviours should they feel like this again. It is important that a child does not feel any shame in their behaviour as this supports the child's negative view of themselves. It also does not motivate them to have positive relationships with others around them as they often feel 'unworthy'.

Foster Carers therefore need to be empathic towards children and by following the Solihull Parenting and building on that with therapeutic parenting you will learn how to support a child who has experienced early adverse experiences to fulfil their potential alongside form and maintain lasting relationships with others around them.

## 4. Understanding Challenging Behaviour

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A child/young person that comes to live with you will have experienced significant loss, being separated from birth family, siblings and in many cases losing contact with close friends and familiar surroundings. They may have witnessed scary adult behaviours alongside being subjected to abuse and or neglect. Children in care are therefore vulnerable and may 'act out' their feelings. The emotional impact of their experiences may show itself in a variety way, including bed-wetting, taking food or money, being rude or aggressive, destructive or running away.

You will be given a child's referral when they first come to live with you, which should detail some of the child's known early life experiences and it's important that you understand what these situations have meant for them. It can help if you try and imagine how a young child would feel when you are reading the history, and this will help you understand the child in you care and their behaviours better.

Sometimes the child or young person might not understand the reasons they feel angry or confused or why things appear to be going wrong for them and they might need your help to make sense of what is happening. Children will often block out things that have happened to them as it was too much for them to cope with. Life story work will be done with children in care by their Social Worker to help them make sense of what happened to them in the care of their parents and why they are now in foster care. Sometimes a child's life story is done during therapy, depending on the needs of the child. It is important that as adults we do not lie to children about their life history to shield them from the truth as this just confuses children even more. When children first come into foster care, words and pictures may be done with them which is a simple picture book explaining why they are in foster carer which begins

the basis of their life story. This will continue to be built upon during the child's time in care.

Some children in care can present as younger or older than their chronological age and it's important that you work with them at the age, they are presenting not their actual age.

North Tyneside Fostering Service does not condone smacking children in any way, or the use of threats of severe consequences. Praise and positive responses are how you should respond to children in care. Remember that body language and the tone of your voice can impact on the situation, e.g. if you raise your voice children may become more volatile or afraid. Keeping calm in a challenging situation is not always easy to do but it will help limit the potential for the situation to inflame. Seek support and advice from your Supervising Social Worker and the child's Social Worker around managing any challenging behaviour.

## 5. Calming a Distressed Child/Young Person

Children and young people's behaviour can be affected by a number of factors; over excitement, distress, uncertainty etc. It is important that as a Foster Carer you gain the knowledge and expertise to understand the underlying issues likely to impact on the child/young person's behaviour. This will help you to consider the best way to support the child and to help them to improve their coping strategies. Foster carers are the primary role models for the children in their care and must consider how best to manage a challenging situation in the interest of the child's welfare.

A bedroom is not an appropriate place to use for punishment or time out, this is an area for the child or young person to sleep, relax and play. This personal area should never be associated with time out or any punishments. Through your training, assessment and supervisory visits you will learn that the Foster Service encourage the use of 'time in' which is more affective to children than 'time out' which does not support a child's emotional regulation when they are managing feelings they cant control.

If a child is very distressed, it helps to talk quietly to them and tell them you will be remain with them until they calm down. With older children it sometimes helps to give them some space whilst maintaining supervision. Children and young people should always have the opportunity to talk to their carer following an incident or outburst. This helps to conclude the incident appropriately and clarify expectations.

Always talk through any difficult situations or behaviours with your Supervising Social Worker or the child's Social Worker, this will ensure you and the child are receiving support and the appropriate professionals are involved in the child or young person's care.

## 6. Serious Incidents and Physical Intervention

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If a serious incident such as an accident, violence, assault, harm to a child or third party or damage to property takes place, you should do what is needed to protect children and yourself from immediate harm, and then notify the Fostering Service or Children's Social Care Emergency Duty Team immediately.

You should not use any form of physical intervention except as a last resort to prevent you or others from being injured or to prevent serious damage to property. If any form of physical intervention is used, it must be the least intrusive to protect the child, you or others. Should you have had to physically restrain a child for their own safety then you must inform the Fostering Service immediately so that they appropriate paperwork can be completed, and support offered to you and the child/young person. Please see [notification- measures of restraint](#).

At no time should you act unless you are confident of managing the situation safely, without escalation or further injury.

The use of Police in managing a young person's behaviour should not be used unless in the following circumstances:

- An emergency occurs that requires their immediate involvement to protect the child or others,

Or

- Following discussion with the child's Social Worker, the Fostering Service or the Emergency Duty Team.

If any serious incident occurs or the Police are called, the Local Authority must be notified, either through the child's Social Work Team, the Fostering Team or through the Emergency Duty Team outside working hours. This notification must be made without delay. You must also forward a full written report on the event or incident and send this to the child's Social Worker and your Supervising Social Worker within 24 hours.



# Relationships and Sex

## Useful Links

- [www.brook.org.uk](http://www.brook.org.uk) - sexual health and well-being for under 25s.
- [www.nhs.uk](http://www.nhs.uk).

## 1. Introduction

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When we talk about relationships and sex with young people it is important that you don't feel awkward, as Children in Care are vulnerable to exploitation, abuse and teenage pregnancy, it is vital that you are able to discuss this subject openly and honestly.

## 2. Talking About Relationships and Sex

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Age-appropriate conversations about relationships should begin early in a child's life and continue as they grow up. Even if a young person is placed with you as an older teenager, it's never too late to talk about sex and relationships. All children need communication, guidance, and information about these issues, even if they sometimes don't appear to be interested in what you have to say. They may come across a lot of inappropriate information on the TV, radio, internet or from their peers, so they need to be able to check what is right and what is wrong.

Remember to talk to both girls and boys and don't assume information they receive in school is enough. Both carers should be involved in these discussions.

You must adopt the same approach to children who explore or are confused about their sexual identity, gender identity or who have decided to follow a particular lifestyle so long as it is not abusive or illegal.

Discussing relationships and sex can be more complex if the child/young person has been sexually abused. They may blame themselves and have confused feelings about the purpose of sex. You may need to work closely with other professionals including the child's Social Worker to ensure they are clear on appropriate relationships and sexual behaviour, and to rebuild self esteem and develop trusting relationships.

It is important that you do not impart your own views about this subject onto children and remain open and balanced in your discussion. This will ensure that your child/young person feels able to come and discuss this topic with you.

Effective relationship's and sex education at home alongside at school is essential if young people are to make responsible and well-informed decisions about their lives and resist peer pressure.

Schools are required to provide relationships and sex education as part of the curriculum for all children and young people. School programmes are based on national and local guidelines and take place both at primary and secondary level. Sometimes you will be automatically notified by a child's school of what they are planning to deliver, if not you should try to find out when programmes are being introduced so that you are prepared for any questions they may have.

### 3. Useful Tips

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Some useful tips:

- Start early, don't feel you need to know it all, but if the child asks you a question and you don't know the answer say you will get back to them and make sure you do. Answer questions simply if asked - e.g. what is a condom? It helps prevent unplanned pregnancies and the transmission of STI's;
- Also use the correct terminology for body parts with all children so that the young person knows exactly what you are referring to.
- It is always best to check out what a child/young people know, so if they ask you a question, ask them what they think it means;
- Do not wait for them to raise the subject. You could talk to a young person about something that has been on the television or in the news to get their views. This should also cover topics such as friendships, respect and trust;
- Find books, leaflets or appropriate websites dependent on age for the child to look at, or look at them together;
- Find out where local services are that can help. Contact local youth services or look on-line for more information;
- Try to be truthful as stories about storks for younger children when they ask where babies come from can be confusing and will need to be changed later.

### 4. Children with additional needs

If the child, you are caring for has special educational needs or a disability you may have additional questions or concerns about discussing sex and relationships with them. Children who require a higher level of care due to additional needs or disabilities are more at risk of sexual abuse and exploitation. This may be due to them needing support with personal care tasks or having communication difficulties which means they can't express or tell people if they are being hurt or harmed in anyway.

If you have any concerns about talking to the children in your care about sex and relationships, then please seek support from the child's Social Worker and Public Health Nurse who can advise and support you in this area.

#### 4. The child living with me thinks they want a baby.

Some young people may have a strong desire to have a baby. They may think by doing this they can create their own family which could offer love and stability. It may be useful to seek support from their Social Worker, your Supervising Social Worker or the Public Health School Nurse about how to deal with this. They could help you identify possible agencies that may be able to advise you. They may look at exercises such as:

- How they plan to support a baby emotionally and financially;
- What is the day to day costs needed to care for a baby;
- Experiencing what it is like to care for a baby;
- What do they want for their children?

You should talk to the young person about waiting to have children until they finish school.

#### 5. Contraception and Pregnancy

You should speak to your Supervising Social Worker and the child's Social Worker to agree what steps to take to reduce the risk of pregnancy or infection, including contact with a sexual health service. Any child under the age of 16 years can ask for contraceptive advice without the consent of a parent or guardian.

If a young person is suspected or known to be pregnant or have a sexually transmitted infection, you should speak to your Supervising Social Worker, who should consult the child's Social Worker to decide on the actions that should be taken as soon as possible.

#### 6. Concerns your young person is engaging in sex or is being exploited and or abused.

If you are concerned that your young person is engaging in sex and you feel that they are vulnerable to abuse and exploitation, or are of an age where they cannot consent to this, you must speak to the child's Social Worker and your Supervising Social Worker without delay. This will ensure the appropriate referrals are made and steps taking to ensure that the child is kept safe from harm.

Issues of confidentiality are vital in promoting positive relationships and sex education. The main principle regarding confidentiality is that you should not share someone's personal information, unless not to do so would put them at risk or suspected risk. Young people have a right to expect that those who work with or care for them respect their privacy.

If you are concerned that a young person is being abused, exploited or at risk of Significant Harm, you should encourage them to agree for you to do something that will protect them.

See [Child Sexual Exploitation \(CSE\)](#).

If they do not agree, and you are still concerned, then you should share the information without their consent. The [North Tyneside Safeguarding Children Partnership Procedures](#) must be followed.

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# Alcohol, Drugs and Smoking

## Useful Links

- [Talk To Frank](#).
- [NHS Choices](#).

If you have any concerns that a child in your care may be misusing substances (either drugs or alcohol) you should raise this with the child/young person's Social Worker or your Supervising Social Worker as soon as possible.

## 1. Alcohol

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It is part of a Foster Carer's role to ensure that young people are educated about alcohol; the more that young people know about alcohol and its effects, the more likely they are to make informed and responsible decisions about drinking. By talking about alcohol, you can give out the right messages and reinforce positive behaviour.

If you have concern's that young people in your care may be using alcohol (or drugs) it is really important that channels of communication are kept open.

Children should never be given alcohol by Foster Carers.

### 1.1 What to do if a Child is under the influence

Where you suspect that a child/young person has been drinking alcohol, or misusing drugs depending on how much they think they have drunk/ taken, you may need to:

- Offer water, squash etc;
- Monitor and check the child/young person - 10 minutes, 30 minutes, hourly, etc. especially if they go to sleep;
- Contacting health professionals for advice i.e. G.P. or NHS by calling NHS 111 or viewing [NHS advice online](#);
- Consider taking the child to the hospital Emergency Department.

You should never ignore a child/young person who appears drunk or under the influence of another substance. Make sure that:

- You keep a record of incidents and inform the child's Social Worker/ Personal Advisor and your Supervising Social Worker, so that the appropriate help and support can be offered;
- The young person is aware of the possible conflict between taking prescribed medication and drinking alcohol;

- You are aware of the amount of alcohol in your home.

Remember that that children or young people in your care may have had previous bad experiences linked to adult's use of alcohol and so may become anxious if you drink. If you have concerns about a young person in your care being triggered by alcohol or misusing alcohol it is important that you do not have alcohol in your home, or that this is locked away so the young person can not take this.

You along with the child's care team or Personal Advisor may need to consider the child's personal allowance or pocket money should they receive this and agree if there should be conditions attached to receiving this money whilst they are misusing alcohol and drugs. It is within care teams or conversations with the child's Social Worker/ Personal Advisor and your Supervising Social Worker that any agreement in respect of appropriate referrals for support for the young person will be made.

## 1.2 Alcohol and the Law

Alcohol consumption in the UK is governed by strict laws.

It is against the law:

Alcohol consumption in the UK is governed by strict laws.

It is against the law:

- For shops or pubs / bars / restaurants to sell alcohol to someone under 18 years old;
- For an adult to buy or attempt to buy alcohol on behalf of someone under 18 Years. Retailers can reserve the right to refuse the sale of alcohol to an adult if they're accompanied by a child and think the alcohol is being bought for the child;
- For someone under 18 to buy alcohol, attempt to buy alcohol or to be sold alcohol;
- For someone under 18 to drink alcohol in licensed premises, except where the child is 16 or 17 years old and accompanied by an adult. In this case it is legal for them to drink, but not buy, beer, wine and cider with a table meal;
- For an adult to buy alcohol for someone under 18 for consumption on licensed premises, except as above;
- To give children alcohol if they are under 5 years old.

Any Foster Carer wishing to allow a young person over the age of 16 an alcoholic drink with a meal and or at a celebration, must have permission from the young person's Social Worker, and parents where applicable.

## 2. Drugs and Substance Misuse

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Foster carers are not expected to know everything about drugs and illegal substances, but an awareness of some of the key issues can help you to respond appropriately if you have any concerns about the young people in your care.

All young people can be tempted to experiment with drugs, no matter where they come from or their background. Some children and young people will be in foster care because of substance misuse in their family and this may inform how they feel about drugs and their knowledge.

Drugs are defined as any substances, whether restricted or prohibited, which may have a harmful effect upon a child. These include:

Aerosols, gas, glue, Magic Mushrooms, petrol, solvents and all controlled substances such as amphetamines, ecstasy, barbiturates, cannabis, cocaine, hallucinogens, hashish and heroin. It can also include alcohol, cigarettes and tobacco.

It also includes psychoactive substances such as Spice which can cause a very similar range of problems to the drugs they have been designed to mimic, including a risk of dependence developing with repeated use.

See: [Frank- new psychoactive substances](#) and [Frank – Drugs A-Z](#).

It can be difficult to tell if a young person is using drugs, particularly when a child/ young person first tries drugs or only takes them occasionally.

Some possible indications of drug abuse are:

- Sudden changes of mood;
- Irritability;
- Loss of appetite;
- Increased appetite - possibly wanting sweet things more;
- Drowsiness or sleepiness;
- Unexplained loss of money or belongings;
- Unusual smells, stains or marks on the body, clothes or around the house.

Many of these signs are easily confused with typical adolescent behaviour, so it is important not to jump to the wrong conclusion. Always speak to the child's Social Worker or your Supervising Social Worker if you are concerned. Further specialist training is available on drug and alcohol misuse and there are people who specialise in working with young people on these issues. Access to these services should be planned in conjunction with the child's Social Worker. You could be held responsible

for any illegal drugs that are kept in your home so having clear boundaries about drug use is important.

Young people often have access to a range of domestic products that are harmful and potentially fatal to them when inhaled. You should be vigilant with young people around aerosol products, nail varnish, corrective fluid, glues etc. A Health and Safety Check List will be done with you at least once per year by your Supervising Social Worker. This check will discuss the need for harmful substances to be out of children's reach or locked away where appropriate.

Training is also provided by the Fostering Service; speak to your Supervising Social Worker.

### 3. Smoking (including e-cigarettes)

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Some children/young people placed with you may already smoke; you should support and encourage such young people to reduce or stop smoking. You can get support from the Looked After Children's Nurse or local Stop Smoking team (see [Quitting Smoking - North Tyneside](#)) or the young person's GP.

Remember:

- It is against the law for retailers to sell cigarettes/cigarette papers, tobacco, electronic cigarettes (e-cigarettes) or e-liquids to someone under 18 years;
- Rules about when, where those who do smoke in the fostering home should be clear;
- The Fostering Service will not consider you to care for any children under the age of 5 if you are a smoking household. When considering long term matches for children in care, smoking households are encouraged to quit to ensure the long term health of both carers and children.
- To be a positive role model to children/young people;
- To raise awareness of the effects of smoking and tobacco use and how to live a healthy lifestyle.

Your role is to:

- Consider your own health, and that of your family and the children you foster. If you are offered smoking cessation support, you should consider taking up the service;
- Be mindful that your behaviour provides a role model for the children in your care and consider the effect of smoking on children;
- Never buy cigarettes for children/young people in your care, and cigarettes must never be used as a reward for good behaviour;



- Put in place household rules about smoking, making these clear to young people (appropriate age) placed with you;
- Never smoke or vape in your car when carrying any Children in Care in your car.

# Identity, Culture and Religion

## 1. Introduction

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Children who have come into care are likely to have attachment issues due to the traumatic beginnings in the lives. In addition to the issues of attachment, trauma and grief alongside not living with their birth family. Children being cared for by Foster Carers with a different ethnic and cultural background to their own may experience an extra challenge in finding their identity in a family that doesn't represent their own ethnicity.

Our ability to support young people to develop their identity is helped by understanding the child/young person's background and should be addressed in the Placement Plan at the start of their time living with you about how this will be done.

Where children are placed with you from different backgrounds or cultures it is important that you find out from the child, the child's family, the care team and by researching yourself, about their culture and what this means for them, ensuring that you do not make any assumptions about this. This will make sure that the child/young person receives the best possible care to develop a positive understanding of their background and heritage.

It may be that as a child continues to live in your care they may not wish to claim aspects of their background and ethnicity but it is important that Foster Carers maintain a consistent approach to valuing and accepting their child's ethnicity and that they continue to be involved in diverse events and communities as part of everyday normal family life.

Consideration may therefore have to be given to

- How you can promote their religious needs, is there a local church/ Mosque you can take the child to, is there someone in the family network who would be suitable to take the child
- Do they need a specialist hairdresser/ beauty product for their skin.
- How will you as a family celebrate both your own and the children's special occasions and festivals.
- Do you need to consider a special diet or go to specialist shops should the child eat Halal meat for instance.

To develop a sense of identity, children need to grow up in an environment where they feel loved and secure. Foster carers also need to know about their family background and personal history which should be provided to you at the placement planning meeting by the child's Social Worker. Developing a positive personal identity and sense of personal history is associated with high self esteem and emotional wellbeing.

Children in care may have difficulty developing a clear sense of who they are. They may also experience a conflict of loyalty between their carer and their birth family. Ensuring that you incorporate children's previous routines and celebrations is an important part of helping a child not feel divided loyalty.

## 2. Culture

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Foster Carers caring for a child of a different culture and ethnicity to themselves have a responsibility to help the children define themselves as a member of their own culture and ethnicity and the same time as bringing them into the new culture that is already present in the family. Without connection the child can feel lost. Feelings of basic safety, security, belonging and self-esteem are essential for a child in making secure attachments. It is therefore important that the whole family celebrate the child's ethnicity, engaging everyone in the children's culture and learning more about this.

Culture is part of a child's/young person's identity and heritage. All Foster Carers should respect and value a child's cultural heritage.

Sometimes conflicts arise in fostering families between the way you are used to living and the ways that the child/young person is used to. Dilemmas can arise about what is the right thing to do. Examples can be as simple as eating at the table, or religious observance. You should talk to the child and their family (where appropriate) to try and understand what their views are and find a way forward. Your Supervising Social Worker and/or the child's Social Worker can also provide help.

## 3. Language

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It is possible that a child whose first language is not English may be placed with you.

Language is an important part of a child's identity and culture. Every effort should be made to preserve a child's linguistic and communication skills; otherwise they may lose a large part of their culture.

If you need more information or advice about a child's cultural and linguistic needs, contact the child's Social Worker or your Supervising Social Worker.

## 5 Religion

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The religious upbringing of a Child in Care is very important.

The right to determine the child's religion is one of the rights all birth parents retain for whatever reason the child comes to live with you.

Some parents may express strong preferences about whether a child should follow a particular religion or not. It is extremely important that you follow the child's and parents wishes and this is something that should be discussed both when matching a child to your family and within the placement planning meeting.

## 7. Gender

All children in your care should receive equal opportunities and encouragement to pursue their talents, interests and hobbies. Sexist stereotypes of behaviour must not be imposed or condoned, for example there should be equal expectations that boys and girls will participate in domestic tasks.

If the child in your care begins to continually reject their gender's stereotypical traits, it can be surprising and sometimes unexpected. Some young people may identify as transgender (i.e. as a different gender from their birth gender) or as non-binary (they may not identify as either male or female). Understanding and supporting children who identify as transgender or non-binary can be difficult and confusing. It is therefore important that you reach out for support for both yourself and the child in your care.

There is lots of information via the UK Trans Youth Charity Mermaids, about this topic which may support Foster Carers, especially if the child in your care has not yet openly said that they are transgender. You should also speak to the child's Social Worker and your Supervising Social Worker for advice on how to broach this topic with the child/ young person.

Listening and acknowledging your child when they first open up to you can be the most important step in navigating this unknown territory. It is important that you let them explore their feelings and wishes which may include supporting them in buying clothing for the opposite gender, calling them by a different name and using different pronouns for them. It is important that you continue to listen and explore with your child how they are feeling and what they want to happen so you can support and advocate these changes on their behalf.

# Keeping Memories

For most children and young people, the birth family is the place where all the knowledge and memories about the child's early life is kept. Children separated from their families do not have daily access to this information about their background.

It becomes more difficult for them to develop a strong sense of self and to understand how the past may influence present behaviours. Without this awareness, it will be more difficult for them to make conscious choices and to take responsibility for their own behaviours.

It is important that children and young people have a good understanding of their background and you will help this process from the day the child is placed with you.

You should record the story of the child's stay with you as fully as possible, including:

- Descriptions of what the child was like when they arrived, what they liked and disliked.
- Details of development (e.g. learning to swim).
- Special memories of the child.
- Birthdays, Christmas and other family celebrations/outings/holidays etc. - photos, favourite places etc.
- Details and photos of your family (including extended family), home, pets etc.
- School - photos, certificates, reports, photos of and stories from teachers.
- Contact visits.
- Significant illnesses.
- Funny stories.
- Photos and video clips of birth family with your family.
- Crafts/pictures/work completed in your home/school/playgroup.

The above work contributes to their Life Story.

Making a Life Story book is about putting together an account of a child's life in words; pictures and documents and involves helping a child to make sense of their past. Life story work about their past is usually completed by the Child's Social Worker however, memories of their time with you must be kept by you in a memory book/ box so that should they leave your care to return home, or to adoption, for example, the memories of their time with you will be kept for them to look back on later in life.

## Transport Policy

### 1. Introduction

As a Foster Carer it is your responsibility to ensure that the children in your care are transported to school, family time (where appropriate), any clubs and activities alongside medical and dental appointments. You will discuss the transport requirements of each child when you are first contacted to care for a child/ren alongside the placement planning meeting.

Mileage can be reclaimed as per the finance handbook for journeys to school, family time and medical appointments. The cost of local and family journeys is included as part of the weekly fostering allowance. Please see the [finance handbook](#) for more information.

In order to reclaim mileage, you must fill in the [mileage claim](#) form ensuring that this is either hand delivered, posted or emailed to the Fostering Service no less than once per month. Should you delay sending in your mileage then you may not be reimbursed.

### 2. Car Seats

The law requires all children travelling in cars to use the correct child car seat. It is therefore your responsibility to ensure that you have the correct car seat for every child you are caring for before you transport them. Again, this should be something that you consider and discuss when you are first contacted about caring for a new child.

For further information on car seat rules please go to [www.gov.uk/child-car-seats-the-rules/using-a-child-car-seat-or-booster-seat](http://www.gov.uk/child-car-seats-the-rules/using-a-child-car-seat-or-booster-seat).

Due to the link between car seats and SIDS- sudden infant death syndrome- it is recommended that you do not travel for more than 2 hours with a premature or young baby and that they are taken out of the car seat frequently, so extra stops need to be factored into any journey you are considering.

For further information on this topic please see <https://www.lullabytrust.org.uk/safer-sleep-advice/car-seats-and-sids/>

There are some exceptional circumstances where you do not have to use a car seat for a child such as in an emergency situation. These situations should be a minimum following the advice from the government website: <https://www.gov.uk/child-car-seats-the-rules/when-a-child-can-travel-without-a-car-seat>

### 3. The Vehicle

The vehicle should be roadworthy with an up-to-date MOT, Tax and insurance cover which includes children in care. These will be checked by your Supervising Social Worker annually as part of your health and safety check list. It is important that you declare any new vehicles so that the new documents can also be checked. Your Safer Caring Policy should also include any safety aspects of transporting any particular children you are caring for, which can be updated at any time necessary.

All vehicles that are used for transporting children must be smoke free. It is the legal responsibility of anyone who drives, manages or is responsible for order and safety on a vehicle, to prevent anyone from smoking. Please see the following links for guidance on smoking and the use of e- cigarettes in vehicles.

<https://www.gov.uk/government/news/smoking-in-vehicles>

<https://www.gov.uk/government/publications/new-rules-about-tobacco-e-cigarettes-and-smoking-1-october-2015>

### 4. Informing your Supervising Social Worker

You should inform your Supervising Social Worker without delay if you receive any driving offences or convictions so that any appropriate risk assessments and action can be taken. This is alongside informing should you have any form of accidents that occur when you are transporting children in your care.

# First Aid and Medication

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2. First Aid
3. Home Remedies
4. Medicines
5. Disposal of Medicines

## 1. Introduction

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You should be clear about what decisions you can make concerning consent to medical treatment and this will be recorded in the child/young person's Placement Plan.

You should have a fully equipped first aid box in the home. You should make sure that you take the opportunity to attend health and safety training opportunities when they arise.

First aid boxes should be kept in a safe accessible place, not within reach of small children, where the people who need to get access to them can do so.

The first aid box may be looked at during an unannounced visit.

## 2. First Aid

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All Foster Carers must complete First Aid Training within their first year of being approved as a Foster Carer and then three yearly thereafter.

If a child requires first aid, you should apply first-aid if it is safe to do so and contact your Supervising Social Worker as soon as possible. You must not delay the process of getting medical help.

You should always assess the situation and in a medical emergency, request for medical help from a paramedic or the Police if this is needed.

Before help arrives:

- Do not move the person other than to remove them from immediate danger or place them into the recovery position (if needed);
- Try to find out what has happened;
- Collect any drugs or spillages (e.g. vomit) for analysis;



- Do not try and make the child sick;
- Observe the child/young person; keep them calm, warm and quiet;
- If the person is unconscious:
  - Ensure they can breathe and place them in the recovery position;
  - Do not move them if they are likely to have spinal or other serious injury which may not be obvious;
  - Do not give anything by mouth;
  - Do not attempt to make them sit or stand;
  - Do not leave them on their own.

When medical help arrives, pass on any information available, including samples of vomit and any drugs.

If a child who is placed with you has particular health needs, the child's Social Worker will provide information and advice on specialist advisory or support groups.

You must have guidance on giving prescribed drugs for children and advice on if you can give drugs not on prescription.

You are expected to complete a [health record](#) when you administer any medication or when there has been a medical incident i.e. hospital admission, consultant/GP appointments.

If you accept responsibility to give medicines either by injections, administering rectal medication or tube feeding etc. the following criteria should be met:

- The child's parent has given written consent;
- You have been trained in the technique by a qualified nurse or doctor who is satisfied that you are competent to do it.

You should also be aware of any possible reactions to the medication and the necessary steps to correct such an occurrence.

Any health-related issues should always be discussed in supervision meetings and recorded.

You will receive training in relation to the management and administration of specialist health treatment needed for children.

### 3. Home Remedies

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Home Remedies may only be given to a child with the consent of the parent, child's Social Worker and after consulting with the child's GP. All agreements should be

recorded in the child's care plan/ delegated responsibility form and by the Foster Carer completing the medication forms.

Home Remedies are medicines that can be bought over the counter without prescription, including Paracetamol, Ibuprofen, homeopathic, herbal, aromatherapy, vitamin supplements or alternative therapies. Consideration should be given as to how long a child continues to use Home Remedies before you arrange to see their GP.

Home Remedies must be kept in a locked cabinet that is only accessible to you, unless a child is permitted to keep their own Home Remedies, in which case the arrangements for this must be set out in the Placement Plan.

Home Remedies, other than paracetamol, should only be given for a maximum of 48 hours. If the symptoms continue the child should see a GP before further dosages are given. Where children are not able to give Home Remedies themselves, care must be taken to make sure they take it correctly and with you there.

## 4. Medicines

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The following steps must be followed:

- Check the medicine to make sure it is prescribed for the child and it is within the expiry date;
- Make sure the child's name, the name of the medication, and the dosage are correct;
- Give the medicine in accordance with the instructions;
- Record when you give the medicine including the date, time, dose and your name and signature;
- Record if the child refuses the medicine or the reason it was not given.

### Receipt of Medicines

All medicines from whatever source, including medication from hospital should be recorded.

The record should show:

- Date you got the medicine;
- Name, strength and dosage of medicine;
- Quantity received;
- Expiry date;
- Name of the child for whom medication is prescribed/purchased;
- Your signature for receiving the medicine.

if you have any concerns in relation to medication prescribed for the children in your care, or need any further information please speak to the child's Social Worker and/or the Named Nurse for Children in care.

## 5. Disposal of Medicines

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A record is required to identify what happens to medication in the home. This record should show:

- Date you finished the medicine and got rid of it (where possible prescription medication should be returned to the pharmacy for safe disposal);
- Name and strength of medicine;
- Quantity taken;
- Name of the child for whom the medicine was prescribed/purchased;
- Your signature if you arranged disposal of the medicine.

First aid and records of all medicines that have been given will be recorded in the daily record; if advice is sought from a GP, NHS 111 or pharmacist, you should record details of the discussions. If an accident occurs, which results in a visit to GP/hospital, it should also be recorded on [the accidents, first aid and hospital treatment form](#).

# Moving Towards children living on their own.

## 1. Introduction

Developing skills for more independence should start at a very early age and build towards the skills and abilities needed for young people to live in their own tenancy. You will receive training and support to help you provide effective guidance.

## 2. Preparing for Independence

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Regardless of the age of the young person, it is the Foster Carers responsibility to support and to help children in care to develop skills so that they can become as independent as possible. All children and young people should therefore be encouraged to take on age appropriate responsibilities when they are able to do so. Some young people in care move into their own accommodation at an early age for a variety of reasons. It is therefore important that all young people leave Foster Care, no matter what age this may be, as skilled as possible so that they can manage their own tenancies and are able to cook and clean for themselves.

North Tyneside Fostering Service actively encourage young people to remain in Foster carer until they are 21 under [Staying Put Arrangements](#). It is important to note however, that no matter what age young people leave home, that Foster Carers should remain a key person within their network of support and continue to offer them emotional and practice help where needed to support them whilst they are living on their own.

You should build into the routine a chance to practice skills such as cooking and cleaning. Which may begin with you cooking and doing household chores with the child helping, moving on to them being able to do age appropriate activities themselves.

Taking a child/ young person to the supermarket and helping them understand how to navigate shopping on a budget is also a key skill Foster Carers should help young people with.

All children in care should have their own bank account which as they get older it can be agreed with the care team and child's Social Worker when they can take responsibility for this.

Listed below are areas to think about with young people when preparing them for independence:

- Budgeting, managing money and savings.
- Accessing health services

- What food to buy, how to cook it and keep it.
- How to use a washing machine and ironing.
- Housework and cleaning.
- DIY such as putting wardrobes up, putting plugs on and decorating.
- Thinking about their futures; what do they want to do, employment, further training, and how can they achieve this?
- Accessing advice and support from others.
- Leisure activities and other interests.

These are some of a range of things young people need to learn how to do and need to be thinking about. It is important that you support the young person to develop their self-esteem and resilience in this area.

Young people should feel supported when they move out of your home no matter where they are moving to. It is important that you speak to your young person about their change in living arrangements and that they know and understand that you will still be available to support and advise them where appropriate.

### 3. The Pathway Plan

Every young person should have a special assessment no later than 3 months after their 16th birthday that identifies their needs as they move towards thinking about living on their own when they are ready. You will be asked to contribute to this and to help the young person to achieve tasks and gain skills that they will need in adulthood. These tasks and other elements will form a Pathway Plan that in time will replace their Care Plan.

This Pathway Plan will include the educational and employment arrangements support and accommodation plans including financial help.

This doesn't mean that the young person has to leave your care as remaining in your care might be an important part of their independence especially if the young person (for example) has a disability or if they are planning on moving to University.

The Pathway Plan will cover some of the following key areas:

- Health.
- A plan for education, training or employment.
- Support to develop and keep appropriate family, social and sexual relationships.
- A programme to develop practical skills to live independently.
- Budgeting and money management.
- The young person's accommodation needs including any adaptations for a young person with a disability.

- What is needed to provide the young person with support.

Training and support will be available from the Fostering Service on developing independence in young people including those with a disability or special need.

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